

INSTRUCTIONS FOR OPERATING

the

"CUB" SURGICAL DIATHERMY INSTRUMENT

High Frequency apparatus, whether surgical or medical, is basically grouped under one of two general divisions, i.e., Bi-terminal in which two conducting cords are employed to complete the circuit from the apparatus through the patient and Mono-terminal in which but one conducting cord is employed.

COAGULATION - a bi-terminal application, deep in effect, destroying tissue by coagulation. Tissue turns gray. Applied with a needle inserted in or with button in contact with the mass to be destroyed.

FULGURATION - a mono-terminal application, superficial in effect, destroying tissue by charring. Tissue turns black. Applied with needle slightly distant from tissue, permitting sparking of mass to be destroyed. Useful for destruction of superficial lesions or epithelial surfaces.

DESICCATION - a mono-terminal application, superficial in effect, destroying tissue by dehydration. Tissue turns white. Applied with needle contacting but not inserted in the mass to be destroyed. Useful for destruction of superficial lesions or mucous surfaces.

CONNECTIONS

For all bi-terminal applications, (Coagulation, Moderate Diathermy) connect one cord to the left hand terminal marked "D'Arsonval" and the other cord to the right hand terminal marked "D'Arsonval".

Due to the oscillating character of the current it does not matter which cord is used as the Indifferent Terminal or which is used as the Active Terminal.

For mono-terminal applications, (Fulguration, Desiccation) connect one cord to the middle terminal marked "Tesla".

POWER CONTROL

The Power Control is divided between the two controls, one marked "Power Control" and the other "Patient Current Control".

The Power Control divides the current in five equal divisions of increasing current volume as numbered from 1 to 5. The Patient Current Control modifies each of these divisions delicately from zero to its full capacity.

In other words, for very mild currents, the Power Control should indicate No. 1, and the desired amount of current obtained by advancing the Patient Current Control to the point required. If sufficient current is not obtainable from this setting, advance the Power Control to No. 2 and follow with the Patient Current Control accordingly. If further current volume is required, advance the Power Control to button No. 3, etc.

SPARK GAP

The Spark Gap is of the fixed type and does not require attention except from time to time a minor adjustment is made to compensate for wear.

By removing the back of the case, two stems with slots will be found. Using a wooden handle screw-driver, these may be closed or opened as desired to readjust the gaps so that current begins with the advancement of the Patient Current Control from the zero point.

FOOT SWITCH

A receptacle is provided for the connection of a standard Rose Foot Switch, a vital necessity in surgical applications. When the Foot Switch is to be used, the Main Line Switch, (hand switch) must be in the "Off" position, as otherwise, current would continuously flow.

CONCLUSION

In the event of trouble, immediately notify:

E. J. Rose Manufacturing Company
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